

CLAIMS ONLY				Application Number <div style="border: 1px solid black; padding: 2px; text-align: center;">10791201</div>	Filing Date
				Applicant(s)	
				* May be used for additional claims or amendments	

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep	3					
Total Depend	13					
Total Claims	16					

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